

## Personal Data Sheet

Please complete all information & return to Milestones



Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Last 4 digits of your Child's Social Security Number or any 4 digits \_\_\_\_\_  
(will serve as your child's ID #)

(A) Parent/Guardian	(B) Parent/Guardian
Name:	Name:
Occupation:	Occupation:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
4 Digit Pin:	4 Digit Pin:

\*Pin numbers are used to identify who has dropped off and picked up your child each day. Each Parent / Guardian needs a unique, 4 digit number. We recommend the last 4 digits of your SS# or last 4 digits of your cell.

Emergency Contacts: \_\_\_\_\_

Name \_\_\_\_\_ Their Relation to Child \_\_\_\_\_

Phone Number \_\_\_\_\_ Okay to pick up?  YES  NO

Unique 4 Digit Pin # \_\_\_\_\_ (If approved for Pick-Up)

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Emergency Contacts: \_\_\_\_\_

Name \_\_\_\_\_ Their Relation to Child \_\_\_\_\_

Phone Number \_\_\_\_\_ Okay to pick up?  YES  NO

Unique 4 Digit Pin # \_\_\_\_\_ (If approved for Pick-Up)

Your Child's Pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Does your child:**

Use a pacifier? \_\_\_\_\_  YES  NO

Use a bottle? \_\_\_\_\_  YES  NO

Use a cup? \_\_\_\_\_  YES  NO

Drink milk? \_\_\_\_\_  YES  NO

Drink formula? \_\_\_\_\_  YES  NO

Drink breast milk? \_\_\_\_\_  YES  NO

Have any allergies? \_\_\_\_\_  YES  NO

If yes, Please explain

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Take any medications? \_\_\_\_\_  YES  NO

If yes, Please explain

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**Please provide a short explanation for the following so we can understand your child's routines/habits:**

Eating Habits, include formula, cereal, baby food, and/or table food:

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Nap Schedule:

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What location would you like to enroll your child in?

- North Haledon       Bloomfield

Please specify your Child's Schedule (Days / Hours)

Monday	Tuesday	Wednesday	Thursday	Friday

Please add any additional information you think we would benefit from knowing about your child:

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